MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) y is necessary, al director. Page for your files. e. COUNTY Garrett Maryland. MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give nearest town) Rural Kitzmiller 30 yrs. Rural Kitzmiller ral a d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) Boar d. STREET ADDRESS retained State Mi. N. Kitzmiller Mi. N. Kitzmiller NAME OF Middle 4. DATE DECEASED OF and 3 to the with the (Type or print) DEATH Wilbert Gordon Beeman 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH hould be executed within 24 hours after de "in pencil in Item 18. Give Pages 1, 2, and s Office along with form PM3. Page 5 ma a burial-transit permit. File pages 1 and 2 v amoval, and in any event within 72 hours WIDOWED DIVORCED Duly 3. Male 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired Soft Coal Mines Maryland. Coal Miner 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Beeman Emma Stewart 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) (Ifyes give war or detes of service) Office along with burial-transit permi 213-05-4337 Mildred Beeman R. D. Kitzmiller, Md. 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: Maceration of brain secondary to IMMEDIATE CAUSE (e) DUE TO gunshot wound of head certificate should Conditions, if any, which (b) "pending" gave rise to immediate cause on ro DUE TO te the certificate, writing the word "pending forwarded to the Chief Medical Examiner" L DIRECTOR: Page 3 should be used as (e), steting the underlying cause last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert I or Part II of Item 18.) PRIMARY-1 or CONTRIBUTING lo burial, CAUSE OF DEATH. inflicted .22 cal. rifle shot right temple 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) factory street office bldg., etc.) Not While Kitzmiller Rural Gar. Md. et work 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , Inquiry death resulted from: Natural causes Accident (,) Suicide X. Homicide | CHIEF MEDICAL EXAMINER execute the designated ASSISTANT MEDICAL EXAMINER lease execute should be for FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type) James H. Feaster, Jr., M. D. Address (Street, city, town, or county) Oak., Md. 5-10-61

BURIAL, CREMATION, 22b. DATE THEREOF | 22c. NAME OF CEMETERY OR CREMATORY | 22d. LOCATION (City, town, or country) (Stets) DEP 22e. BURIAL, CREMATION. 22b. DATE THEREOF REMOYAL (Specify)

240 p VS. A15ME 5M 7/59

May 13.1961 I.O.O.F.Cemetery BLAIM BESS W.

Elk Garden, Mineral Co.W. Va 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE arthur & Thous

(County)

b. COUNTY

May

lest birthdey)

Address

Undetermined manner

9. AGE (In yeers | IF UNDER 1 YEAR

Garrett

10th

U.S.A.

a. IS RESIDENCE ON A FARM?

YES NO

IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

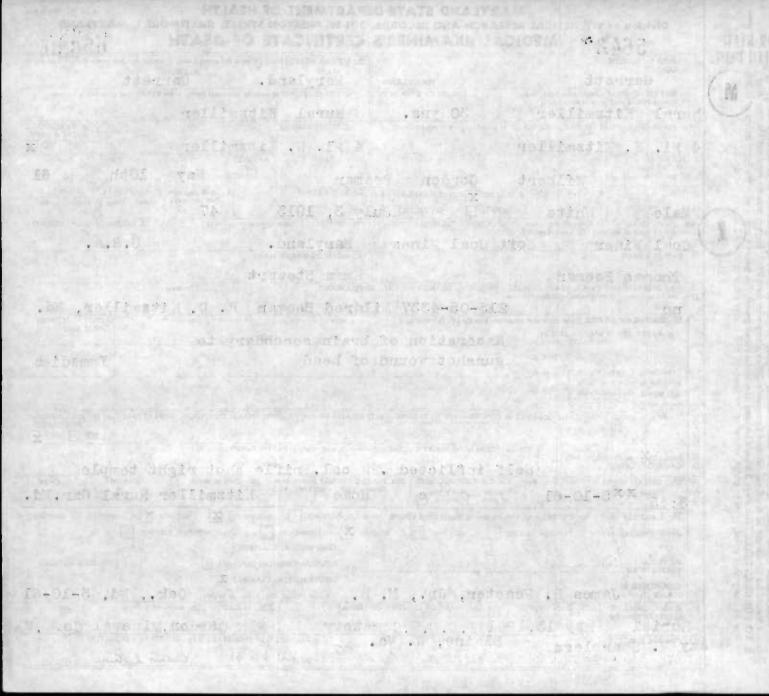
ONSET AND DEATH

Immediah

and in my opinion

DATE SIGNED

PERFORMED? NO F



M

VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	564	43		CERTI	FICAT	E OF D	EATH				UJI	03	1
1. PLACE o. COU	of DEATH Garret	t		MAR	YLAND	a. STATE	vland		ived. If institution b. COUNTY		e before o	odmissi	on)
b. CITY	OR TOWN (If	outside corporate limi	ts, write	c. LENGTH OF STA	Y IN 1b			•	te limits, write RI		ve neares	t town)	1
Oa	kland,	rest town)		82 years	3	X Oak	land.						
d. NAM	ME OF HOSPITAL	L (If nat in haspital, g	ive street	address)		d. STREET	ADDRESS				e. I	S RESI	DENCE FARM?
10	9 - 2n	d Street	;			109	- 2n	d Str	eet				NO
3. NAME DECEAS (Type o	OF SED	Hora	st	Middl Leo		dding	ost	4. DATE OF DEATH	May ]		Day		(eor
S. SEX		6. COLOR OR RACE	7. MARR	ED NEVER MARK	RIED B.	DATE OF BIRT	тн	9	. AGE (In years lost birthday)	IF UNDER 1		T	
Mal	.е	White	WIDOWE	DIVORC	ED 🗆 J	an. 1:	1, 18	79	82 yrs.	Months {	Days H	lours	Min.
Reti	red Ca	(Give kind of work of glife, even if retired Lapenter	1	kind of Business od work:		Mar	yland		ntry)		S.A.	HAT C	OUNTRY?
13. FATHE		a				14. MOTHER'							
		Coddingt					lia Ja	amison					
(Yes, no, or	DECEASED EVER unknown) (If	IN U. S. ARMED FOR yes, give war or dates of s	envire)	32-24-078		S. DO	ra Co	dding	ton C	ess aklar	nd,	Md	•
18. C	AUSE OF DEAT	H [Enter anly one co	use per lir	ne far (a), (b), and (c	).]	1		1-1			INTERV	AL BET	TWEEN
	PART I. DEATH	H WAS CAUSED BY:	,-(	ancin	au	a 0/	NV	Val's			1.0	en	1
	1777	DUE TO		7 /		0/1					0/	ne	
	ditions, if ony		1 60	sterio	30	eras	200	appringer of	19.50	4.4	100	15	7
couse	e rise to im e (o), stoting th g couse lost.		1										
CERTIFICATION OB CO OB CO	PART II. OTHE	R SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO D	EATH BUT N	OT RELATED T	O THE TERMII	NAL DISEASE	CONDITION GIV	EN IN PART		PERFO	AUTOPSY RMED?
	ONTRIBUTING [	UNDERLYING   CAUSE OF DEATH AEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRED.	(Enter nature	of injury in P	art 1 or Port I	l of item 1B.)				
	ME OF INJURY Haur o. m. p. m.	Month, Doy, Ye	While	NJURY OCCURRED  Not while at work		E OF INJURY ry, street, office			or town)	(Co	ounty)		(Stote)
	certify that	(I) (this haspital	) attend 5/17/	led the deceased			12 <sup>19</sup>	39.ta 30 A fram t	5/18/ he causes an	d on the	1 that	(I) (v	ve) last
	GIGNATURE (É	Redien S	5/1	ance	М.	D. ATTENDIN	NG ME		STAFF PHYS.		/		SIGNED
22c. P	HYSICIAN'S NAME (Type)	ndrew E.	Mar	nce, M. I	) <b>.</b>	22d. ADDI	ress kland	, Mar	yland.		/ (		
23o. BURIA	AL, CREMATION	- 1 - 1	61	23c. NAME OF CER					ON (City, town, oland, N	or county)  Ad.		(Stote	<u>+</u> )
24 FUNER	AL DIRECTOR'S	SIGNATURE		ADDRESS Oal	kland	, Md.		BY REGISTR		STRAR'S SIG			

Habby			Semina		5093	
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	desti baz -	60.5				401
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		, 101			3 200	,

FOR STATE TO DE.

MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If Jay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the tuneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as e burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, end In any event within 72 hours after death. 3. 5. 10a. dor Re 13. 15. {Ye: CERTIFICATION MEDICAL 220 23. VS. A15ME

MARYLAND STATE Division of STATISTICAL RESEARCH AND RECORDS  5644 MEDICAL EXAMINER'S	DEPARTMENT OF HEALTH  5, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2  5 CERTIFICATE OF DEATH
PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where deceased fived, II institution: Rasidence bafore edmission)
Garrett MARYLAND	Maryland. Garrett
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Swanton, Rural  73 yrs.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Rural Swanton
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS
1 Mi. West Swanton, Md.	1 Mi. West Swanton
NAME OF First Middle	Last 4. DATE Month Dey Yeer
(Type or print)  John Bunyan	Friend, Sr. DEATH May 18, 1961
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.
Male   White   WIDOWED   DIVORCED	Jan. 7, 1888   last hirthday)   Months   Deys   Hours   Min.
USUAL OCCUPATION (Give kind of work leduring most of working life, even if relired)  tired employee county roads work	
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John B. Friend	Harriett Comp
WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 17. no, or unkown) (Ifyasgivewerordatesofservica) 220-10-1029 We	INFORMANT Address ston Friend Swanton, Md.
18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY,  IMMEDIATE CAUSE (e) Coronary occlus  DUE TO	sion Sudden
geve rise to immediate ceuse (e), stating the underlying  DUE TO	20020
causa last. (c)	OT BUILDING TO THE TRANSPORT CONDITION OF THE PROPERTY OF THE
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?  YES NO X
208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	(Enter nature of injury In Pert I or Part II of item 18.)
	ACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) ctory, street, office bldg., atc.)
21. I certify that I took charge of the remains described above, h	eld an Autopsy . Inspection X. Inquiry X. and in my opinion
death resulted from: Natural causes X. Accident Suit	cide, Homicide, Undetermined manner
ACTUAL SIGNATURE A. L. Signature fr. h.	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINETS NAME (1799) James H. Feaster, Jr., M	M. D. Address (Street, city, town, or county) Oak. Md. 5-18-61
BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	OR CREMATORY 22d. LOCATION (City, town, or country) (Stele)
Burial   5/21/1961   George Ceme	tery   near Swanton, Md.
Legillau Oakland	
The state of the s	TOTAL CE OF CHAMINE A MANAGE

5M 7/59

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VS. A15ME 5M 7/59

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5645 MEDICAL EXAMINER'S CERTIFICATE OF DEATH (5633)

PARTY.		2 000
	1. PLACE OF DEATH *	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
	Garrett	STATE     b. COUNTY
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	Maryland Garrett  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
	write RURAL and give nearest town)	C. CITT OR TOWN (15 outside corporate limits, write KUKAL and give hearest lown)
	Oakland 32 Days	Rural Deer Park
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS
O	Garrett County Memorial Hospital	Route # 2
	3. NAME OF First Middle	Lasi 4. DATE Month Day Year
	DECEASED (Type or print) Elsie Viola	OF
	12020	Gaster DEATH May 10 19 61
Pan.	1. MORRIED THEY MAKKED	DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS,   Months   Days   Hours   Min.
	Female White WIDOWED DIVORCED	11-23-02 Septenday) Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTRY	( 11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
	done during most of working life, even if retired) HOUSEWIIE	Maryland U.S.A.
-	nousewile   Own Home	14. MOTHER'S MAIDEN NAME
	Benjamin Broadwater	Rachel Wilt Broadwater
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. III (Yes, no, or unkown) (Ifyas give war or datas of sarvica)	NFORMANT Address Route # 2
	no none "Hu	sband" John Quincy Gaster, Deer Park, Md.
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemopericardium	Cardiac Rupture Sudden
	IMMEDIATE CAUSE (a) HEHIOPETICATOLIUM	oardrac nupcure Sudden
	DUE TO OT A 16-12 - OT A 16-12	7 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2
		Infarction, Intramural thrombus,
	gave rise to immediate cause   Pulmonary Emboli	LSM
	cause last. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
9	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING COURTBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBU	PERFORMED?
9	208. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURED. (E.	nter nature of injury in Part I or Part II of item 18.)
	PRIMARY Or CONTRIBUTING	nai naivia vy mjory m rais i vi fam n vy nam ib.)
		CE OF INJURY (Homa, farm, 20f. (City or town) (County) (State)
	Hour a.m. While Not While tactor at work at work	iff shoot office bright eleft
	21. I certify that I took charge of the remains described above, hel	d an Autopsy X. Inspection X. Inquiry X. and in my opinion
	death resulted from: Natural causes X. Accident Suicion	
	death resulted from: Natural causes 11, Accident 15 Suich	
	1 A 11-to 2 6	CHIEF MEDICAL EXAMINER
	SIGNATURE (N. Carolea	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
b	EXAMINER'S	DEPUTY MEDICAL EXAMINER X May 10, 1961
	NAME (Vype) James H. Feaster, Jr. M.D.	Address (Street, city, town, or county) Oakland, Maryland
	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, lown, or country) (State)
	REMOVAL (Specify)  Bunial 5/10/61 Gaston Compt	const Monstand
	Burial 5/12/61   Gaster Cemet	tery Garrett Maryland
	11. Od n m: ". 1	
	Deravor 11. // unnuch Oakland, Maryla	and DAMAY 15'61 arthur & Khaus
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VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE OF DEATH g. COUNTY	Garrett		MARYL		usual residence . STATE Marvla		deceased	ь. социту	on: Resider		re odmiss	ion)
b. CITY OR TOWN ( RURAL and give n	If outside corporate limi	ts, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOW		ide corpore				rest town	1)
	Oakland		9 Days		Rural		Oak	land				1150
OR INSTITUTION	TAL (If not in hospital, g				d. STREET ADDR	ESS					e. IS RES	FARM?
Garrett C	o. Memori	al H	Hospital		Route	# 2	Bo	x 88M				NO 🗌
3. NAME OF DECEASED	Fir	st	Middle		Lost	4.	DATE OF	Mor	ith	Da	y	Yeor
(Type or print)	Vin	nie	Loret	tta	Glotfe]	Ltv	DEATH	May		1'	7	1961
S. SEX	6. COLOR OR RACE	7. MARR	NEVER MARRIE	D   B. D	ATE OF BIRTH		9	. AGE (In years lost birthdoy)				R 24 HRS
Female	White	WIDOW	DIVORCED	0 1	2-7-91			70 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATI	ON (Give kind of work king life, even if retired	dane 10b.	KIND OF BUSINESS OF	NDUSTRY	11. BIRTHPLACE	(Stote or I	foreign cou	intry)	12. CIT	IZEN OF	WHATC	OUNTRY
Housew			wn Mome		Mary]	land			J	J. S	5. A	
13. FATHER'S NAME	116		4201100	1.	. MOTHER'S MAI		AE.					-
Lewis Ka	mp			100	Sarah S	Spike	er					
15. WAS DECEASED EVI	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFOR				Add	ress Roi	ite	# B	ox 8
(Yes, no, or unknown)	(If yes, give wor or dates of s	ervice)	Onone	#HIIS	band" H	Reas	on G			1.7	11 2	763
	ATH   Enter only one co	use per lid	halfer (a) And and (c) 1		-1	2000	011 0.	TOOTOT	, 0	INT	RVAL BE	TWEEN
	ATH WAS CAUSED BY:	1	Vielen on the	11111	511	1	^			ONS	ET AND	DEATH
41.	IMMEDIATE CAUSE (d		mun	wy	- coll		0	/		-	261	our
1 90	DUE TO	1		. 1 5	h. lin	. 0	1.11	2.11	61	1	1	
Canditians, if a	immediate (	114	16 ana	af )	unu	le	WA	envy	Wug	1	year	22_
cause (o), stating	DITE TO	1	Line	- 00	A 11-		19		)	10	CN	1
lying couse lost.	. ) (c	161	HALL S	cen	Colls		/		/	XC	1	
CATIC	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT NO	RELATED TO THE	TERMINA	L DISEASE	CONDITION GIV	VEN IN PAI	RT 1(a) 1		RMED?
O (IF EITHER, NOTIFY	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CCURRED. (E	nter noture of inj	ury in Port	t I or Part	Il of item 1B.)				
	RY Month, Doy, Ye	or 20d. II	NJURY OCCURRED		OF INJURY (Home		20f. (City o	or town)	(	(County)		(Stote
Haur a.m.	19	While at war	Not while	ractory	street, office bld	g., erc.)						
	nt (IV (this hospital	1)	led the deceased	from d	20 1/	10	10 E	20 (2	10	610	at /1\ /	val las
			led the deceased									
22a. SIGNATURE	sed alive an5	3/1/	19, and	inai aeai	n accurred at	8:4	Jam 1	ne causes ar	id an th	e date		b. DATE
T/-	rdreus	11/1	auel	M.D.	ATTENDING PHYS.	MED.	TOR 🗌	STAFF PHYS.	176		171	RIGHE
22c. PHYSICIAN'S NAME (Type)		1			22d. ADDRESS	-0.7					//	
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Andrew E.	Mar	nce, M. D.	. ,	Oakla	and,	Mar	yland				
	ON. 23b. DATE THEREC	)F	23c. NAME OF CEME	TERY OR CE	EMATORY	23	d. LOCATI	ON (City, town,	or county)		(Stat	e)
REMOVAL (Specify Burial	5/19/61		Garrett Co	ounty	remorial	Garo	dens	Oaklar	nd, Ma	aryl	and	
24. SUNERAL DIRECTOR	S SIGNATURE	- 1	ADDRESS				Y REGISTR	AR 25b. REGI	STRAR'S SI	IGNATU	RE	
Herald	11-Manny	oh	Oakland. N	Marvla	nd DA	TE MAY	22'6	1 0	belown _	8. Krs	uid	

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence beautiful distribution) HEALTH DEPT. 1. PLACE OF DEATH e. COUNTY b. COUNTY Jelay is necessary, funeral director. Pege Garrett Maryland es. MARYLAND c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 write RURAL end give neerest town) for your Oakland Oakland hours d. STREET ADDRESS Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) be retained State County Memorial Hospital Garrett 4. DATE Month DECEASED OF 3 to the LATTON the DEATH (Type or print) d'appeding" in pencil in Item 18. Give Pages 1, 2, and 3 to fi Examiner's Office along with form PM3. Page 5 may be re used as a burial-transit permit. File pages 1 and 2 with the ation, or removal, and in any gwegt within 72 hours after Kenneth 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR 5. SEX 8. DATE OF BIRTH last birthdey) DIVORCED WIDOWED Jan. Male White 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Oakland, Maryland Accountant Bookkeeping 14. MOTHER'S MAIDEN NAME Arthur Lawton Bess Littman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes. no. or unkown) | (Ifyes give wer or detes of service) Mrs. Ann Lawton Oakland. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] 214-07-3196 MEDICAL EXAMINER: This certificate should be executed PART I. DEATH WAS CAUSED BY CORONARY OCCLUSION. LEFT IMMEDIATE CAUSE (e) DUE TO CORONARY SCLEROSIS WITH THROMBOSIS Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)1 19. WAS AUTOPS Y CERTIFICATION 3 execute the certificate, writing the word Medical should 2De. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) TOR: Page 3 short, prior to burial, c PRIMARY Or CONTRIBUTING CAUSE OF DEATH. MEDICAL Month, Dey, Year 2Dd, INJURY OCCURRED | 2De, PLACE OF INJURY (Home, ferm, ' 20f., (City or town) 20c. TIME OF INJURY fectory, street, office bldg., etc.) While Not While Hour e.m. et work et work 21. I certify that I took charge of the remains described above, held an Autopsy XI. Inspection XI. Inquiry X forwarded to Undetermined manner Natural causes X Accident Suicide Homicide | death resulted from: CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER should be for SIGNATURE May 3. 1961 DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) James H. Feaster, Jr. M.D. Addi Address (Street, city, town, or county) Oakland, Maryland
TORY | 22d. LOCATION (City, town, or country) (Ste 220. BURIAL, CREMATION, 22b. DATE THEREOF please 4 shou O FUI A REMOVAL (Specify) Oakland, 0 Oakland Cemeterv Maryland Burial 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME Oakland, Marylandpate MAY 5 Cuthur S. Kinas 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Garrett

USA

(County)

e. IS RESIDENCE

Yeer

1967

IF UNDER 24 HRS.

Maryland

INTERVAL BETWEEN ONSET AND DEATH

Hrs.

PERFORMED?

NO

(State)

and in my opinion

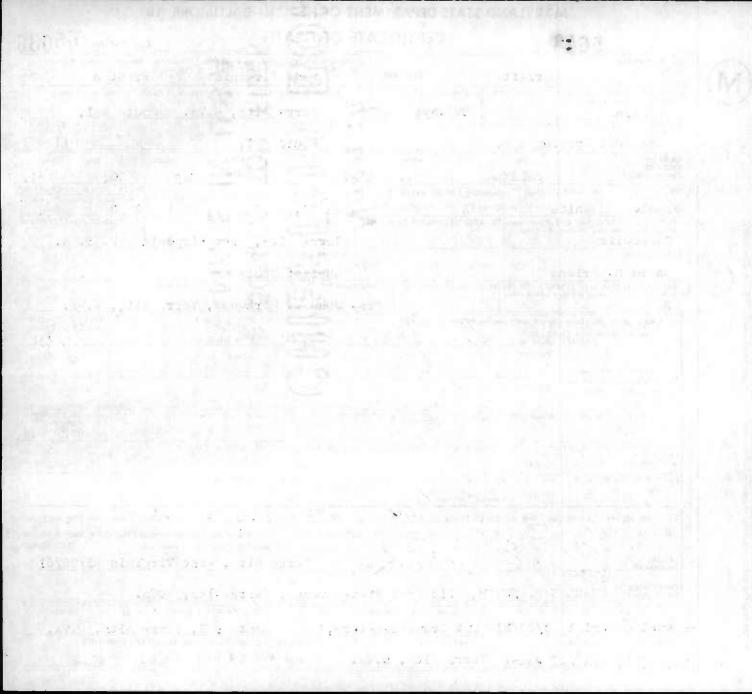
DATE SIGNED

ON A FARM? YES NO TE

T DELECT After the rent to the control of the ETER . E YOU IN ETHER MAKES HE TERM . E. T. ETER. Association to

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		5648		CERTIFIC	ATE OF DEAT	TH	Re	eg. Dist. No.	u5636
1. F	LACE OF DEATH	Garr	ett	MARYLAND	2. USUAL RESIDENCE ( a. STATE West	Where deceased live	L COLINITY	Residence before	e admission)
E	CITY OR TOWN (I	f outside carporate lim	its, write	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (	If autside carporate	limits, write RURA	L and give near	est town)
	Oakland			89 days	Terra	Alta, W.	Va. Ro	ute # 1	
•	OR INSTITUTION	AL (If not in hospital, I t Nursing 1		(ddress)	d. STREET ADDRESS Route	# 1,	85	x-3.	ON A FARM? YES NO
1	NAME OF DECEASED Type or print)		rst	Middle	Lost	4. DATE OF DEATH	Month	Day	Year
5. 5				F	LEWIS  B. DATE OF BIRTH		May GE (In years   IF t	20,	1961 . F UNDER 24 HRS.
1.3	Female	White	WIDOWE		March 20. 1	l.		onths Days	Hours Min.
	USUAL OCCUPATION during most of work Housewife	N (Give kind of work ing life, even if retired	dane 10b. I	(IND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (Sto	ate or foreign countri ta, West	γ)	12. CITIZEN OF	· A.
	David H.	Friend			Abbigal	Teets			
15.	WAS DECEASED EVE	R IN U. S. ARMED FOI	CES? 16. S	OCIAL SECURITY NO.	INFORMANT		Address		
[105	No.	If yes, give war or dates of	service)	N	rs. John W.	Markwood.	Terra A	Ita. W.	Va.
	Canditions, if a gave rise to in cause (a), stating lying cause last.	the <u>under-</u>	o) o	/ /					
CERTIFICATION				ONTRIBUTING TO DEATH BU					PERFORMED?
	OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCURR	ED. (Enter nature at injury	in Part I or Part II o	it item IB.)		
MEDICAL	20c. TIME OF INJUR Havr a. m. p. m.	Y Manth, Day, Ye		UURY OCCURRED 20e. P	LACE OF INJURY (Hame, for actory, street, affice bldg.,	etc.)		(County)	(State
	ACTUAL SIGNATURE	Mas	, 19	Sunt		M, from the ADDRESS (Street,	city or town, state	in the date o) inia 5	
220	BURIAL, CREMATIO	N. 22b. DATE THERE	)F	216 East S	OR CREMATORY		ta, W.Va		(State)
	merval (Specify)		2/61	Oak Grove Cen	metery,	Route #	2, Terra		
23.	FUNERAL DIRECTOR			ADDRESS	2.5	EC'D BY REGISTRAR		R'S SIGNATURE	
M	d. F. D.	License A8	574 7	Terra Alta, W.	Va. DATE	MAY 2 4 '61	an	hun S. Kra	ud



# TO HOSP RATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 s after death. Page 4 may be as ed by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/58 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	5649		C	ERTIFIC	ATE OF	DEA1	TH		Reg. D	ist. No	115	637
1. PLACE OF DEATH a. COUNTY	Garrett	5		MARYLAND	2. USUAL RES			ed lived. If instituti 11a b. COUNTY				ian)
RURAL and give no	cland		1 yr 1	O mos 2			f autside corpo esburg	orate limits, write R	URAL and	give ne	5 X	-3
d. NAME OF HOSPIT OR INSTITUTION Oal	Rest Nurs				d. STREET		Street	-			_	FARM?
3. NAME OF DECEASED (Type or print)		bert	a	Middle Jane	May	ast 7	4. DATE OF DEATH	May	nth	27		Year 1961
s. sex Female	6. COLOR OR RACE Wjite	7. MAR WIDOW	RIED NEVE	R MARRIED	8. DATE OF BIR		1867	9. AGE (In years last birthday) 93 yrs.	Months Months	P 1 YEAR	Haurs	Min.
10a. USUAL OCCUPATION during most of work Housewife	ON (Give kind of work king life, even if retired	dane 10b.	KIND OF BUS	INESS OR INDI				vest Virg			S. A	OUNTRY
13. FATHER'S NAME George	E. Brown				14. MOTHER Sal		NAME Danse	r				
15. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FOI (It yes, give wor or dates of	RCES? 16.	social secu		informant	ha E	liason.	Add Rowlesb		W.Va		
gave rise to i cause (a), stating lying cause last.  PART II. OTH	the under-	c)	CONTRIBUTING	G TO DEATH BU	T NOT RELATED	TO THE TER	MINAL DISEAS	SE CONDITION GIV	/EN IN PA	RT 1(o)	PERFC	AUTOPSY ORMED?
PART II. OTH	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW IN	NJURY OCCURR	ED. (Enter nature	af injury i	in Part I ar Pa	rt II af item 18.)			153	NO M
20c. TIME OF INJUR Hour o. m. p. m.		ear 20d. I While at wa		le f	LACE OF INJURY actory, street, affi	(Hame, faice bldg.,	erm, 20f. (Cit	y or town)	,	(Caunty)		(State
ACTUAL SIGNATURE PHYSICIAN'S	at I attended the	19	El jon	lor	30, 196 h occurred o M.D. 770	Per !	ADDRESS (S	the couses are size of town, and a size of town, a size of town, and a size of town, a size of	state) M	e date	stated DAT 31/	abave signer
220. BURIAL, CREMATIO REMOVAL (Specify)		OF	22c. NAME		OR CREMATORY		22d. LOCA	TION (City, town,	ar caunty)		(Stat	
23. FUNERAL DIRECTOR			ADDRES			24o. RE	C'D BY REGIS	TRAR 24b. REGI	STRAR'S S			

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### MARYLAND STATE DEPARTMENT OF HEALTH

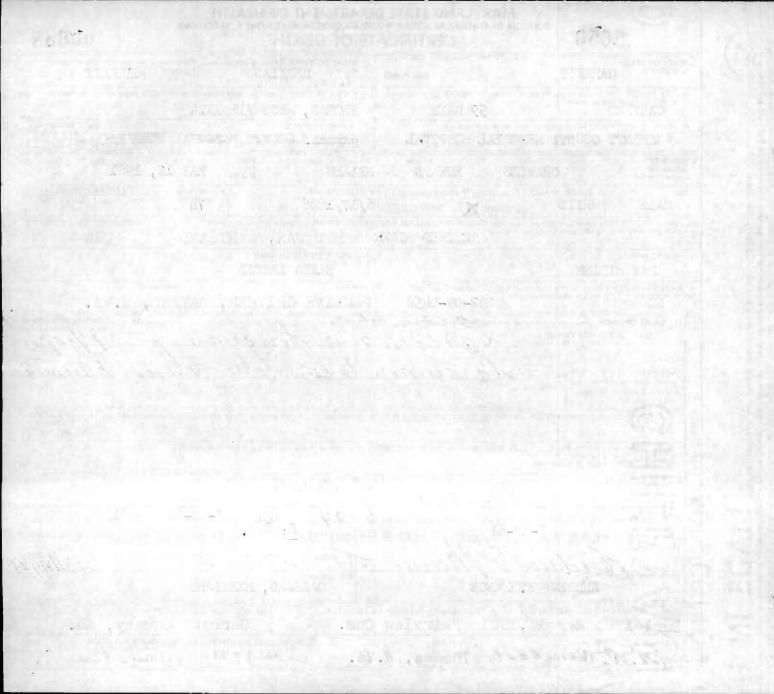
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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PHYS ol or his ce use to bu	
DING nospit After t ed for prior	
OR: / letoch	
D HOSPY RATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 %s after death. Page 4 may be death characteristic or ottending physicion.  D FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, crematian, ar removal, and in any event, within 72 hours after death.	1
Should Boar	-/
JOSP UNEF Ge 3 Stote	
TO HOSPY RATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 %s after death. Page 4 moy by the hospital or ottending physicion.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health priar to burial, crematian, ar removal, and in any event, within 72 hours after death.	20

		7		T3 + 0 00 0	103	- 1a-11							
1.	PLACE OF DEATH a. COUNTY	ARRETT	tem 2	MARY!	LAND	2. USUAL RESIDEN a. STATE	ICE (Who		ived. If institut b. COUNTY	Since the most	ce before	-	cker
1	b. CITY OR TOWN RURAL and give r OAKLAN	(If autside carporate limit neorest town)	1.	9 DAYS	IN 1b	THOMAS,				RURAL and g	give near	est tawn	1
)	d. NAME OF HOSPI OR HISTITUTION	TAL (If nat in haspitat, g				d. STREET ADDI	RESS			Heser	LEE	ON A	FARM?
3.	NAME OF DECEASED (Type ar print)	CHAR:		EDWARD	1	ILLER last		4. DATE OF DEATH	MAY 1	2, 196	51 Day		rear
S.	MALE MALE	6. COLOR OR RACE WHITE	7. MARRIEI	NEVER MARRIE	- (	DATE OF BIRTH /17/1886		9.	AGE (In years last birthday) yrs	Manths		F UNDE Haurs	R 24 HRS Min.
100	during most af wo	ON (Give kind af wark or king life, even if retired)		ND OF BUSINESS OF				MARY		12. CITI	ZEN OF V		OUNTRY?
13.	PATHER'S NAME  DAN M	ILLER				14. MOTHER'S MA ELIZA							
	was deceased eves, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give war ar dates of se	(aniva	2-09-0458		PAULINE	GAI	THER,	BAYAF	dress RD, W	.VA.	,	
Z	Canditions, if a gave rise to cause (a), stating lying cause last.	the under-		A CM C	THRUTA	To see	E TEDANIA	De less	y V le	Jes IN DAD	6	MASA	111088
ICATION	1281 11. 01	HER SIGNIFICANT CON	JIIIO143 <u>CO</u>	NIKIBOTING TO DEA	CITI BOT IS	OT RELATED TO TH	ETERMI	NAL DISCASE (	CONDITION GI	VEIN IIN FAR		PERFO	NO [
CERTIF	OR CONTRIBUTING	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY OF	CURRED.	(Enter noture of in	jury in P	ort I ar Part I	of item 18.)				
MEDICAL	20c. TIME OF INJU Haur a. m. p. m.	RY Manth, Day, Yea	While at wark [	_ Nat while		CE OF INJURY (Ham iry, street, affice blo			r tawn)	(0	Caunty)		(State)
	21. I certify the saw the deced 22a. SIGNATURE	at (I) (this haspital	) attended 2-61			ath occurred a	6:0	M, Arom II				stated	we) last abave.
	22c. PHYSICIAN'S NAME (Type)	ANDREW E	MANC	Manc	e m	D. ATTENDING PHYS. 22d. ADDRESS OAK		, MARY	IAND			131	May 6
23	BURIAL, CREMATIC REMOVAL (Specify BUIL 1			23c. NAME OF CEME Fairvi					on (City, tawn, rett C		y, M	(State	÷)
24.	FUNERAL DIRECTOR	SS SIGNATURE	w	Thomas,	V.V		100	BY REGISTRAY 1 7 '6	4	ISTRAR'S SIG			

VR A15 (4) 1SM 9/S9



TO HOSPITA

VS A1S (4) 1SM 10/S7

's ofter death. Page 4

		MARYI 5651	AND.	STATE DEPA		ENT OF HEA		-BALT	IMORE, 1		Dist. No.	056	39
)	PLACE OF DEATH o. COUNTY	Garrett		MAR	YLAND	2. USUAL RESIDENCE O. STATE Ma:	CE (Where	7	lived. If instituti b. COUNTY	-	ret		ion)
	b. CITY OR TOWN RURAL ond give. Mt. La!	(If outside corporote limi neorest town) CE Park	ts, write	c. LENGTH OF STAY		c. CITY OR TOW	'N (If outs	Gorn		URAL ond	give nea	irest town)	)
	d. NAME OF HOSP OR INSTITUTION K St.	ITAL (If not in hospital, ç I	ive street	oddress)		d. STREET ADDR	RESS					e. IS RESI ON A YES	FARM?
3.	NAME OF DECEASED (Type or print)	Dersey		Middle Leo		eland		OF DEATH	May	nth	Do	_	Yeor 19 61
S.	Male	6. COLOR OR RACE White	7. MAR	RIED NEVER MARRI		B. DATE OF BIRTH  June 9,	1882	9	78 AGE (In years lost birthdoy)	Months		Hours	R 24 HRS. Min.
	ferming	ION (Give kind of work rking life, even if retired	done 10b	. KIND OF BUSINESS OF	OR INDU	near G	orma	in, M	mm) Iarylan		USA	F WHAT	COUNTRY
		Toreland				14. MOTHER'S MA							
	. WAS DECEASED EV es. no. or unknown) NO	ER IN U. S. ARMED FOR (If yes, give wor or dotes of s		none		s. Ina T	. Mo	rela	nd Go	rmar rmar	1, M	aryl	and
		ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	-	ine for (o), (b), and (c)	1	ulcer						RVAL BET	
	Conditions, if gove rise to couse (o), stoting lying couse lost	the under DUE TO	BA	teris de	ste Cer	Colon	d Va	incul	lar De	0-	3	30	ers X
ICATION		THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE	E TERMINA	AL DISEASE	CONDITION GIV	VEN IN PA	RT 1(o) 1	9. WAS A PERFOI YES [	
L CERTIFI	(IF EITHER, NOTIF	AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY C	OCCURRE	D. (Enter noture of inju	ury in Por	rt I or Port	II of item 18.)				
MEDICAL	20c. TIME OF INJU Hour o. m. p. m.	10	While	Not while	20e. PL fo	ACE OF INJURY (Homotory, street, office bld	e, form, ig., etc.)	20f. (City o	or town)		(County)		(Stote)
	actual SIGNATURE	hat I attended the 5/13/	decea	~		occurred at 5.2	30A AD HIRD	M, fram	eet, city or town,	and an		te state	
220		ON. 22b. DATE THEREC	of S1	22c. NAME OF CEM				2d. LOCATIO	ON (City, town,	or county)	2.0	(Stote	_
23.	Gurald Director		ich	ADDRESS Oakland				BY REGISTR		STRAR'S S	SIGNATUR	0	

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

05640

INTERVAL BETWEEN ONSET AND DEATH

(Stote)

SIGNED

8.8	CERTIFICATE	OF DEATH
	A. PLACE OF DEATH  a. COUNTY Garrett MARYLAND  2. L	JSUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Naryland.  b. COUNTY Carrett
	RURAL and give negrest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		Rural Oakland,
R	d. NAME OF HOSPITAL (If hat in haspital, give street address) OR INSTITUTION R. D. 2 Mi. S W Oakland,	d. Street address  2 M1. S W Oakland,  S W Oakland,  S W Oakland,
	3. NAME OF DECEASED (Type or print) Noah Clinton Sla	baugh  4. DATE OF DEATH  Manth Day Year 19 61
1	5. SEX 6. COLOR OR RACE 7. MARRIED 7. MARRIED 18. DA	TE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS   In the state of t
IL	Male White WIDOWED DIVORCED Ja:	n. 5, 1871 90 yrs. Months Doys Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Retired Farmer Own Farm	11. BIRTHPIACE (State or foreign country)  Maryland.  12. CITIZEN OF WHAT COUNTRY  U.S.A.
-		MOTHER'S MAIDEN NAME
	Samuel Slabaugh	Christina Durst
ī	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORM	MANT (Daughter) Address
	(Yes, no, or unknown)  (If yes, give wor or dates of service)	Elwood Beckman Oakland, Md.
F	18. CAUSE OF DEATH [Enter only one couse per line for (g), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stoting the under-lying cause last.  DUE TO  (b)  ARONIC  (c)	selonephritie Unknows
	PART II., OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT  OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  OF LIFE EITHER, NOTIFY MEDICAL EXAMINER	lapoular Direase YES NO 12
V	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW NJURY OCCURRED. (En	ster noture of injury in Part I or Part II of item 18.)
	ZOC. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE C	OF INJURY (Home, form, street, office bldg., etc.) (County) (State
	21. I certify that (I) (this haspital) attended the deceased fram	regult 1957, to May 17, 1961, that (1) (we) last occurred at M, from the causes and an the date stated above
	Market Hi kighton M.D.	ATTENDING MED. STAFF 17 MILE SIGNED PHYS.   17 MILE 6
	Herbert H. Leighton, M. D.	Oakland, Md.
	23a. Burial, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CRE BENOVAL (Specify) 5/20/1961 Gortner Comet	
.0	24/ FUNDERAL DIRECTOR'S SIGNATURE ADDRESS Oakland,	Md DATE MAY 2 2 61 256. REGISTRAR'S SIGNATURE

OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 2 mers after death. Page 4 by the hospital or establish abusining TO HOSP

VR A15 (4) 15M 9/59

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in design		ment of hairs which must have a paid to be we		hi ha	Asimira di Carattana	No Day	
Alakasa I			, , , , , , , , , , , , , , , , , , ,				
		SV: DE 193					
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s after death. Page 4 TO HOSP

R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 and after death. Page 4 may be aby the haspital or attending physician.

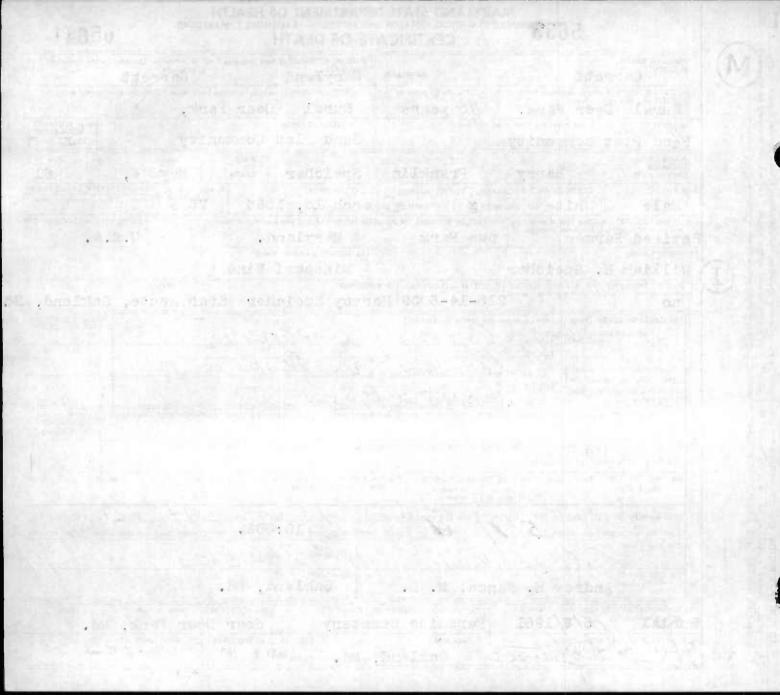
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremotion, or removal, and in any event, within 72 haurs after death.

# MARYLAND STATE DEPARTMENT OF HEALTH 565 STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

U5641

1. PLACE OF DEATH 0. COUNTY Garr	ett		MAI	RYLAND	2. USUAL RESID	DENCE (WH	ere decease	d lived. If institu	rion: Reside		e odmissio	en)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Deer Park. 75 years					c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  Rural Deer Park.							
d. NAME OF HOSPITA OR INSTITUTION Sand Flat			address)		d. STREET A		Comm	unity	1	е	ON A F	
3. NAME OF DECEASED (Type or print)	Harr		Frankl		Speic		4. DATE OF DEATH	2.0	y 4	Day		61
Male	6. COLOR OR RACE White	7. MARR			B. DATE OF BIRTH		886	9. AGE (In year lost birthdoy	Months	Doys Doys	Hours	24 HRS. Min.
Oa. USUAL OCCUPATION during most of working etired Fa	ng life, even if retired	) _	wn Farm	OR INDUS		ACE (Stote ylance		country)		S.A		UNTRY?
3. FATHER'S NAME					14. MOTHER'S							
William H	. Speich	er			Miss	ouri	Nine					
5. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY N	O. 17. IN	FORMANT				dress			
no	yes, give was as agree or a	21	.5-14-603	59 Ha	rvey S	peicl	her	Star R	oute	, Oal	klar	id,
420.	H WAS CAUSED BY:	1	ne for(o), (b), and (c)	ary	16x	e lee	sle s	200		ONSE	RVAL BET ET AND E	WEEN DEATH
Conditions, if on gove rise to im couse (o), stoting the lying couse tost.	mediate DUE TO	le	prio	7 W 5cl	(c) (c)	ec.				8	gea	10
ICATIC	R SIGNIFICANT CON								SIVEN IN PA	KI 1(0) 17	PERFOR YES [	MED?
	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY	OCCURRED	). (Enter noture o	or injury in	POTT I OF PO	ri II or Hem 16.)				
20c. TIME OF INJURY Hour o. m. p. m.	19											
21. I certify that saw the decease 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	6	3/	1960, an	d that d	eath occurred ATTENDING PHYS. 22d. ADDRI	G M ESS	30 Arom  ED. RECTOR   M.	STAFF PHYS.		6/tho	stated	
23g. BURIAL, CREMATION BURIAL (Specify)	5/6/196	-	23c. NAME OF CE				-	TION (City, town	or county Park	200	(Stote	
24 JUNERAL DIRECTOR'S	SIGNATURE LILE	n	ADDRESS Oak:	land,	Md.	25g. REC'	D BY REGIS		GISTRAR'S	3 11		- 10

VR A1S (4) 1SM 9/59



after death.

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

### **CERTIFICATE OF DEATH**

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Rea. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE b. COUNTY Garrett Varyland MARYLAND Garrett b. CITY OR TOWN (If autside carporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) RURAL and give nearest town)
Rural Oak Land Rural Oakland vrs. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF First Middle 4. DATE Month Year DECEASED 28 Bertha Wensel 10 6] May (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH lost birthday) Months Days White Female WIDOWED [7] DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast of working life, even if retired) Own Home Dobin. W. Va. USA Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Almira Roth Richard Nicholson 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Rural Oakland, Maryland Wensel Flovd 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 20 mina DUE TO Conditions, if ony, which gave rise to immediate DUE TO cause (a), stating the underlying cause last CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or lown) Doy, Year (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work , 19.61, to 28 May , 19.61, that I last saw the deceased 21. I certify that I attended the deceased fram , and that death accurred at 1:15 AM, from the causes and on the date stated above. alive an DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Oakland Cemetery a Oakland. Maryland

24g. REC'D BY REGISTRAR

DATE JUN 6

24b. REGISTRAR'S SIGNATURE

Cirilian & Hears

ADDRESS

0 15M 10/57

3

23. FUNERAL DIRECTOR'S SIGNATURE.

# FOR STATE HEALTH DEP MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If pelay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the teneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any every within 72 hours after death.

VS. A15ME 5M 7/59

### MARYLAND STATE DEPARTMENT OF HEALTH

STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05643 Division 5 6

79,000											
•	PLACE OF DEATH     COUNTY				2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)						
	Garrett MARYLAND				West Virginia  b. COUNTY Preston						
1	b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town)				IN 1b						
I J	Oakland	Oakland  NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)				Terra A	5 -	5 X			
					)	d. STREET ADDRESS			IS RESIDENCE     ON A FARM?		
d_	The second secon	County Memo	orial Ho	ospital		Route N	o. 2, Box 54		YES NO X		
	NAME OF DECEASED	First		Middle		Last	4. DATE Mo	onth	Dey Yeer		
						VOLFE	DEATH May	1	st 1961		
	5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	X   B.	DATE OF BIRTH	9. AGE (In ye lest birthde	ers   IF UNDER 1 Y			
	Female	White	WIDOWED [	DIVORCED [	JJ	uly 11, 195		- Mounts b	Hours Min.		
		TION (Give kind of work orking life, even if retired	106. KIND	OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Stete	or foreign country)	12. CITIZ	ZEN OF WHAT COUNTRY?		
		overing may over a remod				Kingwood,	West Virgini	a U.	S. A.		
1	13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
	Elmer C. Wolfe				99	Rosetta M					
		ER IN U.S. ARMED FORCE		CIAL SECURITY NO.	17. II	PORMANT	Add	ress			
	No No	ii yes gi ve war oi deles orse		None	-160	Elmer C. W	olfe, Terra A	lta. W.	Va.		
-	1B. CAUSE OF DEATH [Enter only ona cause per line for (e), (b), and (c).]								INTERVAL BETWEEN		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) ADRENAL HEMORRHAGE;								L2 Hrs.		
	053	O 5 R A DUE TO									
	Conditions, if eny, which (b) FULMINATING SEPTISEMIA								12 Hrs.		
		geve rise to immediate cause									
	(e), stating tha u	inderlying (c)	PMEU!	MOCOCCUS	3						
1	(0)										
1	Ĭ.	PERFORMED? YES NO									
- Carl	20e. EXTERNAL CA		b. DESCRIBE H	IOW INJURY OCCU	RED. (Er	iter neture of injury In Per	rt I or Pert II of itam 1B.)		LA TO L		
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.											
3	20c. TIME OF INJU	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)  Hour e.m. While Not While									
1	p.m.	at most a sunt									
	21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X, and in my opinion										
	death resulted from: Natural causes X, Accident 7 Suicide 7, Homicide 7, Undetermined manner										
	CHIEF MEDICAL EXAMINER										
1	ACTUAL SIGNATURE										
34	EXAMINER'S		ALL BUTTO	V		DEPUTY MEDICA	L EXAMINER X	AY 1. 1	1961		
	NAME (Type)	JAMES H. F			M.I	Address (Street,	city, town, or county) Og 22d. LOCATION (City, to	kland.	Md.		
2	2e. BURIAL, CREMATIC REMOVAL (Specify	ON, 226. DATE THEREC	OF 22c.	NAME OF CEMET	ERY OR	CREMATORY	22d. LOCATION (City, to	wn, or country)	(Stete)		
1	emoval & Bu		ol Ter	rra Alta	Ceme		Terra Alta, W				
2	23. EUNERAL DIRECTO	R	Town	ADDRESS	o do XI		C'D BY REGISTRAR   246, R		4 -		
	P. R. Watso	on, Md. F.D.	Licens	se A 8574	St V	irginia date MA	AY 4 '61 (	Irthun S.	Pliana		
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